Dr. Maple

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027893
STATE FILE NUMBER

Registration District No. 228 Primary Registration District No. 2000 Registrar's No. 1146

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0397
2 0200
3 2
4 0
5 1
6
7 1
8 0
9 4200
10
11
12 5-0
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED JUL 22 1963

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BAPTIST HOSP.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CEDAR
c. CITY OR TOWN: STOCKTON
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 407 SOUTH ST.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ORA Middle ODEN Last BROWN

4. DATE OF DEATH: Month JULY Day 15 Year 1963

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/19/79
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ATTORNEY
10b. KIND OF BUSINESS OR INDUSTRY: LAW
11. BIRTHPLACE (City and state or country): LAMONI, IOWA
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOHN BROWN
13b. MOTHER'S MAIDEN NAME: MARY ELLEN MOULTON
14. NAME OF HUSBAND OR WIFE: MARGERET BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
17. INFORMANT Address: MARGARET BROWN, STOCKTON, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Spontaneous ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — unknown
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): acute pulmonary infarction 1 wk ago.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 20, 1963 to 15 July 1963 and last saw her alive on 14 July 1963
Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Francis M. Maple MD
22b. ADDRESS: Springfield, Mo.
22c. DATE SIGNED: 18 July 63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 7/17/63
23c. NAME OF CEMETERY OR CREMATORY: STOCKTON CITY CEM.
23d. LOCATION (City, town, or county) (State): STOCKTON, MO.

24. FUNERAL DIRECTOR ADDRESS: H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 7-18-63
26. REGISTRAR'S SIGNATURE: Effie S. Meeter

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1963

7-16-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lucius T. Hinckley

Licensed Embalmer No. 4815

P. O. Address Springville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.